## Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>3/5/2010</u>	Address:	Land O Nod
Case #:	<u>52-47886</u>		<u>1900 S US 31, Rm 6</u>
County:	<u>Johnson</u>		Franklin, IN
Type of Laboratory Seizure (check one)		Seizure Location (check all that apply)	
	onal Lab al/Glassware/Equipment (only) ite (only)	Residence Outbuilding Vehicle	<ul><li>☐ Hotel/Motel</li><li>☐ Open – No Structure</li><li>☐ Other:</li><li><u>Trash dumpster</u></li></ul>
<ul> <li>Items Found: Location (bedroom, kitchen, open air, etc)</li> <li>(check all that apply)</li> <li>∠ Lithium/Ammonia Reaction(s): <u>Dumpster</u></li> </ul>			
Red Phosphorous/Iodine Reaction(s):			
∑ Flammable Solvents: <u>Dumpster</u>			
☐ Water Reactive Metal (Lithium):			
Anhydrous Ammonia:			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: Room 6			
Corrosive Base: <u>Dumpster</u>			
Other (item and location): Ammonia Nitrate- Dumpster			
☐ Yes ⊠ No	er age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Department: <u>Franklin FD</u>		Fax: <u>317-736-3650</u>	
Health Department: <u>Johnson Co. Health</u>		Fax: (317) 736-5264	
Child Protection Service:		Fax:	
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Tom Egler Phone 317-234-4591			

<sup>\*\*</sup> This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

<sup>\*\*\*</sup> This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.